

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Health Insurance Portability & Accountability act of 1996 (“HIPAA”) is a federal program that requires that all medical records and other individually identifiable health insurance information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you, the patient significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- **Treatment means providing, coordination, or managing health care and related services by one or more health care providers. Example of this would include surgery.**
- **Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.**
- **Health care operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.**

We may use and disclose your medical records with the patient’s individual written authorization for the following: marketing, sale, non-listed items in our Notice of Patient Privacy.

- **Disclosure of personal health information (PHI) will not be used for marketing purposes without the patient’s individual written authorization for use and disclosure to market PHI. Marketing is a communication about a product or service that encourages purchase of the product or service.**
- * **There will be no sale of a patient’s Personal Health Information without a patient’s individual written authorization for use and disclosure for the sale of PHI. This is where a covered entity or**

business associate directly or indirectly receives remuneration from or on behalf of the recipient of the PHI in exchange for the PHI.

- **Any uses or disclosures not described in our Notice of Privacy Practices will not be done without the patient's individual written authorization.**

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorizations in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- **The right to request restrictions on certain uses and disclosures of Protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are, however, not required to agree to a requested restriction. If we do agree to restriction, we must abide by it unless you agree in writing to remove it.**
- **The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.**
- **The right to inspect and copy your protected health information.**
- **The right to amend your protected health information.**
- **The right to receive an accounting of disclosures of protected health information.**
- **The right to obtain a paper copy of this notice from us upon request.**
- **The right to receive electronic copies of your health information with thirty (30) days of your request.**
- **The right to, an will receive from Central New York Surgical Physicians, P.C., notification of any breaches of your unsecured health information should such a breach occur.**

This notice is effective as of March 2013, and we are required to abide by the terms of the notice of Privacy Practices currently in effect. We reserve the right to change the terms of Notice of Privacy Practices and to make the notice provisions effective for all protected health information that we maintain. We post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with our office or with the Department of Health & Human Services, Office of Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information or a complete copy of our Privacy Practices, by asking to speak to our Privacy Officer or for written inquiries, note: "Attention Privacy Officer".

For more information about HIPAA or to file a complaint:

**The U.S. Department of Health & Human, Services Office of Civil Rights, Jacob Javitts Federal Bldg., 26 General Plaza, Suite 2212, New York, New York 10278
Phone: (212) 264-3313 Fax: (212) 264-3039**

**Central New York Surgical Physicians, PC
739 Irving Ave., Suite 450
Syracuse, New York 13210
Phone: (315) 479-7364
Fax: (315) 470-7495**